

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34233

1. PLACE OF DEATH
94 County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Clara W. Shands

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE 10-16 1933

19. UNDERTAKER Alexander
(ADDRESS)

20. FILED Oct 16 1933 B. J. Robinson
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1933, to October 15, 1933

I last saw him alive on October 15, 1933. Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Arteriosclerosis
Chronic Myocarditis
Date of onset Oct 15, 1933

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. C. Quilt M. D.
(Address) Farmington, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

